

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: VENTILATOR AND METHODS FOR TREATING  
HEAD TRAUMA

Attorney Docket Number:: 016354-005211US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 11

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Keith  
Middle Name:: G.  
Family Name:: Lurie  
Name Suffix::  
City of Residence:: Minneapolis  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 4751 Girard Avenue South  
City of Mailing Address:: Minneapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55409

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application 10/460,558	Continuation-in-part of Continuation-in-part of	10/460,558 10/426,161	06/11/03 04/28/03

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name::

Advanced Circulatory Systems, Inc.

Street of mailing address::

7615 Golden Triangle Drive, Suite A, Technology  
Park #5

City of mailing address::

Minneapolis

State or Province of mailing address:: MN

Country of mailing address:: US

Postal or Zip Code of mailing address:: 55344